

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

TYRONE L. JONES,

Plaintiff,

v.

WENDY KNIGHT,

Defendant.

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)
)

Cause: 1:20-cv-01465-JPH-TAB

NOTICE OF APPEARANCE

To the Clerk of this Court and all parties of record:

Enter the appearance of Sarah J. Shores, Deputy Attorney General, as counsel for Defendant Wendy Knight. I certify that I am admitted to practice in this court.

Respectfully submitted,

OFFICE OF THE INDIANA ATTORNEY GENERAL

Date: July 22, 2020

By: Sarah J. Shores
Deputy Attorney General
Attorney No. 35746-49
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204-2770
Phone: (317) 234-6875
Fax: (317) 232-7979
Email: Sarah.Shores@atg.in.gov

CERTIFICATE OF SERVICE

I hereby certify that on July 22, 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system. I further certify that on July 22, 2020, I mailed, by United States Postal Service, first-class postage prepaid, the document to the following non CM/ECF participants:

Tyrone L. Jones
DOC 129441
Correctional Industrial Facility
5124 W. Reformatory Road
Pendleton, IN 46064

Sarah J. Shores
Deputy Attorney General

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204-2770
Phone: (317) 234-6875
Fax: (317) 232-7979
E-mail: Sarah.Shores@atg.in.gov

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
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TYRONE L. JONES,

Plaintiff,

v.

WENDY KNIGHT,

Defendant.

No. 1:20-cv-01465-JPH-TAB

WAIVER OF THE SERVICE OF SUMMONS

TO: Clerk of Court, Southern District of Indiana

I have received your request to waive service of a summons in this action along with a copy of the complaint, two copies of this waiver form, and a prepaid means of returning one signed copy of the form to you.

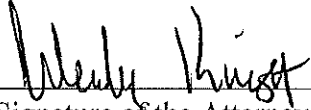
I, or the entity I represent, agree to save the expense of serving a summons and complaint in this case. I understand that I, or the entity I represent, will keep all defenses or objections to the lawsuit, the court's jurisdiction, and the venue of the action, but that I waive any objections to the absence of a summons or of service.

I also understand that I, or the entity I represent, must file and serve an answer or a motion under Rule 12 within 60 days from the date when this request was sent (or 90 days if it was sent outside the United States). If I fail to do so, a default judgment will be entered against me or the entity I represent.

6-30-2020
Date Signed

5124 W. Reformatory Rd
Peru, IL 46064
Mailing Address

WKnight@doe.Ill.gov
E-mail Address


Signature of the Attorney or Unrepresented Party

Wendy Knight
Type or Printed Name

765- 778-8011
Phone Number

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

TYRONE L. JONES,

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Cause: 1:20-cv-01465-JPH-TAB

NOTICE OF APPEARANCE

To the Clerk of this Court and all parties of record:

Enter the appearance of David C. Dickmeyer, Deputy Attorney General, as counsel for Defendant Wendy Knight. I certify that I am admitted to practice in this court.

Respectfully submitted,

OFFICE OF THE INDIANA ATTORNEY GENERAL

Date: July 22, 2020

By: David C. Dickmeyer
Deputy Attorney General
Attorney No. 31947-49
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204-2770
Phone: (317) 234-2265
Fax: (317) 232-7979
E-mail: David.Dickmeyer@atg.in.gov

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David C. Dickmeyer
Deputy Attorney General

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South, 5th Fl.
302 West Washington Street
Indianapolis, IN 46204-2770
Phone: (317) 234-2265
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**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

TYRONE L. JONES,)	
)	
Plaintiff,)	
)	
v.)	Cause: 1:20-cv-01465-JPH-TAB
)	
WENDY KNIGHT,)	
)	
Defendant.)	

DEFENDANT’S ANSWER AND AFFIRMATIVE DEFENSES

Comes now Defendant, Warden Wendy Knight, by counsel, and submits the following Answer and Affirmative Defenses in response to the Plaintiff’s Complaint in the above captioned case. Defendant admits the material allegations that are consistent with the following:

1. Defendant admits that venue and jurisdiction are proper in this Court.
2. Defendant admits that, at all relevant times to Plaintiff’s complaint, Defendant was employed by the Indiana Department of Correction as Warden at the Correctional Industrial Facility and was acting in her capacity as a state employee.
3. Defendant admits that, at all relevant times to Plaintiff’s complaint, Plaintiff was housed at the Correctional Industrial Facility.
4. Defendant admits that Plaintiff was not given a bottom bunk pass.
5. Defendant denies Plaintiff is entitled to any relief.
6. Any allegations in the Complaint which are not specifically admitted or denied are denied.

JURY DEMAND

Defendant respectfully requests a trial by jury on all issues so triable.

AFFIRMATIVE AND OTHER DEFENSES

1. Plaintiff's rights, privileges, and immunities secured under the Constitution have not been violated by any alleged action or inaction of the Defendants.
2. Plaintiff has failed to state a claim upon which relief may be granted.
3. Plaintiff's claims are barred in whole or in part by the Eleventh Amendment.
4. Defendant at all times acted reasonably, without malice, and in good faith.
5. If the Plaintiff suffered damages, he failed to mitigate his damages.
6. Defendant is entitled to her costs, including attorney fees.
7. Plaintiff's own acts or omissions, or those of a third party, contributed to or caused any alleged injury or damages and therefore, Plaintiff is not entitled to any recovery against Defendant.

RESERVATION OF RIGHTS

Defendant reserves the right to assert any additional defenses that may arise as discovery proceeds or otherwise in the course of litigation.

WHEREFORE, Defendant prays that Plaintiff takes nothing by way of his Complaint, that judgment be entered in Defendant's favor, for the costs of this action, and for all other just and proper relief in the premises.

Respectfully Submitted,

Office of the Indiana Attorney General

Date: August 21, 2020

By: Sarah J. Shores
Deputy Attorney General
Atty. No. 35746-49
Indiana Government Center South – 5th Fl.
302 W. Washington Street
Indianapolis, IN 46204-2770
Phone: (317) 234-6875

Fax: (317) 232-7979

Email: Sarah.Shores@atg.in.gov

CERTIFICATE OF SERVICE

I hereby certify that on August 21, 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and has been duly served upon the party of record listed below, by United States mail, first-class postage prepaid, on August 21, 2020.

Tyrone Jones
DOC #129441
Correctional Industrial Facility
Inmate Mail/Parcels
5124 W. Reformatory Rd.
Pendleton, IN 46064

Sarah J. Shores
Deputy Attorney General

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South – 5th Floor
302 W. Washington Street
Indianapolis, IN 46204-2770
Telephone: (317) 234-6875
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TYRONE L. JONES,)	
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Plaintiff,)	
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v.)	Cause: 1:20-cv-01465-JPH-TAB
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WENDY KNIGHT,)	
)	
Defendant.)	

**RESPONSE IN OPPOSITION TO PLAINTIFF'S
EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER**

Defendant, Warden Wendy Knight, by counsel, urges the Court to deny Plaintiff's Emergency Motion for Temporary Restraining Order [dkt. 1] because, among other things, the request is now moot.

1. Designation of Evidence in Support of Response

In support of this response, Warden Knight submits and relies upon the following:

- Exhibit A, *Declaration of Wendy Knight*, Warden at the Correctional Industrial Facility;
- Exhibit A-1, *Plaintiff's Relevant Medical Records*; and
- Exhibit A-2, *Plaintiff's Location History*.

2. Background

Plaintiff Tyrone Jones has requested a temporary restraining order regarding a bottom bunk pass. In his Complaint, Plaintiff asserts that he has been forced to sleep on a top bunk, despite his sleepwalking condition and the dangers it poses. [Dkt. 1 at 1.] Plaintiff seeks a court order requiring the Defendant to issue him a bottom bunk pass. [*Id.* at 17.]

3. Legal Standard

The court has the power to issue a temporary restraining order (“TRO”) under Federal Rule of Civil Procedure 65. The court may grant a TRO if the movant: (1) has some likelihood of succeeding on the merits, (2) has no adequate remedy at law, and (3) will suffer irreparable harm if the order is denied. *Baskin v. Bogan*, 12 F.Supp.3d 1137, 1140 (S.D. In. 2014) (citing *Abbott Labs. v. Mead Johnson & Co.*, 971 F.2d 6, 11 (7th Cir.1992)). If these three elements are met, the court will consider any irreparable harm to the non-movant and balance it against the harm to the movant. *Id.* (citing *Abbot Labs.*, 971 F.2d at 12). The Seventh Circuit evaluates the balance on a sliding scale so that “the more likely it is the plaintiff will succeed on the merits, the less balance of irreparable harm need weigh towards its side.” *Id.* (quoting *Kraft Foods Grp. Brands LLC v. Cracker Barrel Old Country Store, Inc.*, 735 F.3d 735, 740 (7th Cir.2013)). The Court must also consider the consequences to the public interest of granting or denying preliminary relief. *Abbott Laboratories v. Mead Johnson & Co.*, 971 F.2d 6, 11 (7th Cir. 1992).

4. Argument

a. Plaintiff has not demonstrated that he maintains a reasonable likelihood of success on the merits.

The Court should decline to issue a temporary restraining order, because Plaintiff has failed to demonstrate that he maintains a reasonable likelihood of success on the merits.

Plaintiff’s relevant medical and housing records indicate the following:

1. On November 14 2019, Plaintiff submitted a healthcare request form (“HCRF 239450”), stating his need to remain on a bottom bunk due to sleepwalking issues.
[Exhibit A at 2 ¶ 6(a); Exhibit A-1 at 1.]

2. On November 15, 2019, Plaintiff submitted a healthcare request form (“HCRF 239451”), requesting a copy of a two-week bottom bunk pass. [Exhibit A at 2 ¶ 6(b); Exhibit A-1 at 2.]
3. On November 16, 2019, medical staff responded to HCRF 239450, advising Plaintiff that sleepwalking does not qualify for a bottom bunk pass. [Exhibit A at 2 ¶ 6(c); Exhibit A-1 at 1.]
4. On November 18, 2019, medical staff responded to HCRF 239451, directing Plaintiff to the response to HCRF 239450. [Exhibit A at 2 ¶ 6(d); Exhibit A-1 at 2.]
5. On November 19, 2019, Plaintiff submitted a healthcare request form (“HCRF 239475”) requesting to be seen by mental health for his sleepwalking issues, so that he could be issued a bottom bunk pass. [Exhibit A at 2 ¶ 6(e); Exhibit A-1 at 3.]
6. On November 25, 2019, medical staff responded, advising Plaintiff he would be referred to mental health, but that there was no indication in Plaintiff’s medical history that he had been issued a bottom bunk pass in the preceding 12 months, and that if he wanted information on factors that could be contributing to poor sleep or sleepwalking, to let medical staff know. [Exhibit A at 2 ¶ 6(f); Exhibit A-1 at 3.]
7. On January 13, 2020, Huspon wrote a letter to Healthcare Administrator, Mr. Hufford, requesting a formulary exception for a bottom bunk pass. [Exhibit A at 3 ¶ 6(g); Exhibit A-1 at 4.]

8. On July 16, 2020, medical staff responded to Plaintiff's January 13 letter, informing him that there was no evidence he suffered from a sleepwalking disorder, as he had not been diagnosed, and there were no witnesses to any sleepwalking episodes. [Exhibit A at 3 ¶ 6(h); Exhibit A-1 at 4.]
9. On April 29, 2020, Plaintiff filed a healthcare request form ("HCRF 249551") requesting a formulary exception for a bottom bunk pass. Medical staff's May 2, 2020 response indicates that Plaintiff was referred to be seen by the doctor. [Exhibit A at 3 ¶ 6(i); Exhibit A-1 at 5.]
10. On May 2, 2020, Plaintiff was seen by a nurse and expressed his sleepwalking concerns. At that time, the nurse referred Plaintiff to be seen by the physician. [Exhibit A at 3 ¶ 6(j); Exhibit A-1 at 6-8.]
11. On May 7, 2020, Plaintiff was seen by Dr. Savino. Dr. Savino noted that Plaintiff did not have a sleepwalking diagnosis, there were no obvious evidence of bottom bunk pass qualifying issues, and that no one at CIF had ever witnessed Plaintiff sleepwalking. Plaintiff was denied a bottom bunk pass and was advised to provide official medical records showing a sleepwalking diagnosis. [Exhibit A at 4 ¶ 6(k); Exhibit A-1 at 9-12.]
12. On May 11, 2020, Plaintiff was seen by Dr. Savino for a chronic care visit. At this visit, Plaintiff continued to request a bottom bunk pass. The medical records from this visit indicate that an extensive review of Plaintiff's medical records was performed and no record of a sleepwalking diagnosis was found. [Exhibit A at 4 ¶ 6(l); Exhibit A-1 at 13-17.]

13. On July 16, 2020, Plaintiff was moved to a lower bunk, where he remains as of this date. [Exhibit A at 4 ¶ 6(m); Exhibit A-2.]

Plaintiff has been placed on a bottom bunk. Therefore, the request for a temporary restraining order is moot and should be denied. To the extent that Plaintiff is not satisfied with this move, and believes he requires a bottom bunk pass to preclude any future moves to a top bunk, Plaintiff still cannot show a likelihood of success on the merits. As indicated above, Plaintiff does not meet the requirements for a bottom bunk pass at CIF. There are specific diagnoses and situations which qualify an offender for a bottom bunk pass, which include major surgery, major joint fusion, seizure disorder, gross obesity with a BMI of 40 or greater, gross neurological dysfunction, fractures or sprains, temporary illness, prosthetic limb, and age 60 with a medical need. [Ex. A at 4 ¶ 6(n).] Sleepwalking is not currently an approved reason for a bottom bunk pass. Thus, the denial of Plaintiff's request for a bottom bunk pass was proper. Failing to provide a bottom bunk pass for a potential sleepwalking disorder that Plaintiff has not established he suffers from does not amount to a constitutional deprivation.

Further, it should be noted that the Warden is reasonably deferring to the judgment of the facility's medical professionals. A failure on behalf of the Warden to "tell the medical staff how to do its job" does not constitute the deprivation of a constitutional right. *See Burks v. Raemisch*, 555 F.3d 592, 596 (7th Cir. 2009) (noting that "[a] layperson's failure to tell the medical staff how to do its job cannot be called deliberate indifference; it is just a form of failing to supply a gratuitous rescue service"); *Johnson v. Doughty*, 433 F.3d 1001, 1010 (7th Cir. 2006) (grievance counselor responded reasonably by investigating the situation, making sure medical staff was monitoring and addressing the problem, and reasonably deferring to medical professional's opinions); *Greeno v. Daley*, 414 F.3d 645, 656 (7th Cir. 2005) (citing *Durmer v. O'Carroll*, 991

F.2d 64, 69 (3d Cir. 1993) for the proposition that non-medical professionals are not deliberately indifferent for failing to respond to an inmate's complaints when prisoner is ostensibly under care of medical experts).

For these reasons, Plaintiff has not demonstrated that he has a reasonable likelihood of success on the merits. His motion should be denied.

b. Plaintiff has not established that he will be irreparably harmed.

Plaintiff has not established that he will be irreparably harmed if he does not receive a bottom bunk pass. Irreparable harm is a type of injury that cannot be repaired, retrieved, put down again, atoned for, and is not compensable in monetary terms. *Graham v. Med. Mut. off Ohio*, 130 F.3d 293, 296 (7th Cir. 1997)). An injury is irreparable for purposes of granting preliminary injunctive relief only if it cannot be remedied through a monetary award after trial. *East St. Louis Laborers Local 100 v. Bellon Wrecking & Salvage Co.*, 414 F.3d 700, 703-04 (7th Cir. 2005). Jones has presented no documentary or tangible evidence that he suffers from sleepwalking, besides health care request forms dating back to 2014 at the Wabash Valley Correctional Facility. [Dkt. 1-2 at 1-5.] Further, Jones has no documented sleepwalking diagnosis, no documented instances of, or witnesses to, sleepwalking episodes at CIF. [Exhibit A at 3 ¶ 6(h); Exhibit A-1 at 4.]

Plaintiff's argument is insufficient to justify the imposition of a temporary restraining order at this juncture. There is no indication Plaintiff will suffer irreparable harm, aside from his speculation as to what might occur if he were to experience a sleepwalking episode while sleeping in a top bunk. The likelihood of injury must be real, not speculative. *Young v. Ballis*, 762 F. Supp. 823, 827 (S.D. Ind. 1990) (citing *Outboard Marine v. Liberty Mutual Insurance*, 536 F.2d 730 (7th Cir. 1976)). "Speculative injuries do not justify [the issuance of a preliminary

injunction].” *White Eagle Co-op. Ass’n v. Johanns*, 376 F.Supp. 954, 961 (N.D. 2005 (quoting *East St. Louis Laborers’ Local 100 v. Bellon Wrecking & Salvage, Co.*, 414 F.3d 700, 704 (7th Cir. 2005))). Plaintiff has been placed on a bottom bunk, and therefore cannot show that he will be irreparably harmed. Because Plaintiff has not established that he will suffer irreparable harm unless he is issued a bottom bunk pass, Plaintiff’s Motion should be denied.

c. Public interest considerations, along with the balance of harms, favor denial of Plaintiff’s motion for preliminary injunction.

Public interest considerations, along with the balance of harms, favor denial of Plaintiff’s Motion. The public interest is served by allowing Warden Knight and other IDOC administrators to defer to the judgment of those trained in the medical profession who are more capable of making medical decisions. It is well-settled that non-medical prison staff is entitled to rely on the opinions of medical professionals. *McGee v. Adams*, 721 F.3d 474, 483 (7th Cir. 2013); *Arnett v. Webster*, 658 F.3d 742, 755 (7th Cir. 2011). The law encourages non-medical security and administrative personnel at jails and prisons to defer to the professional medical judgments of the physicians and nurses treating the prisoners in their care without fear of liability for doing so. *Berry v. Peterman*, 604 F.3d 435, 440 (7th Cir. 2010). A preliminary injunction against Warden Knight while this case proceeds would be harmful to the State, because it would blur the line between the role of the medical provider and the role of the administration. Such an order would confuse the correctional and medical roles, causing harm to the administration, inmates, and ultimately the citizens of Indiana.

5. Conclusion

Plaintiff has failed to show why the Court should impose the extraordinary and drastic remedy of a temporary restraining order. Plaintiff has received all the appropriate and necessary

relief available to him at this time, by being placed on a bottom bunk. This Court should therefore deny Plaintiff's request for a temporary restraining order.

Respectfully submitted,

CURTIS T. HILL, JR.
Indiana Attorney General
Atty. No. 13999-20

By: Sarah J. Shores
Deputy Attorney General
Atty. No. 35746-49

CERTIFICATE OF SERVICE

I hereby certify that on September 8, 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system. I further certify that on September 8, 2020, I mailed, by United States Postal Service, first-class postage prepaid, the document to the following non CM/ECF participants:

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v.)	Cause: 1:20-cv-01465-JPH-TAB
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WENDY KNIGHT,)	
)	
Defendant.)	

DECLARATION OF WARDEN WENDY KNIGHT

The undersigned, Wendy Knight, declares under penalty of perjury the following:

1. I am an adult competent to testify in this matter. My testimony is based on my personal knowledge and review of official records maintained by the Indiana Department of Correction (“IDOC”) and the Correctional Industrial Facility (“CIF”).
2. I am employed at CIF as Warden.
3. As Warden, I am familiar with IDOC policies and procedures.
4. I am aware that Plaintiff Tyrone Jones has a temporary restraining order regarding a bottom bunk pass.
5. Specifically, in his Complaint, Plaintiff asserts that he has been forced to sleep on a top bunk, despite his sleepwalking condition and the dangers it poses. [Dkt. 1 at 1.] Plaintiff seeks a court order requiring the issuance of a bottom bunk pass. [*Id.* at 3.]
6. Plaintiff’s relevant medical and housing records indicate the following:
 - a. On November 14 2019, Plaintiff submitted a healthcare request form (“HCRF 239450”), stating his need to remain on a bottom bunk due to sleepwalking issues.
[Exhibit A-1 at 1.]

- b. On November 15, 2019, Plaintiff submitted a healthcare request form (“HCRF 239451”), requesting a copy of a two-week bottom bunk pass. [Exhibit A-1 at 2.]
- c. On November 16, 2019, medical staff responded to HCRF 239450, advising Plaintiff that sleepwalking does not qualify for a bottom bunk pass. [Exhibit A-1 at 1.]
- d. On November 18, 2019, medical staff responded to HCRF 239451, directing Plaintiff to the response to HCRF 239450. [Exhibit A-1 at 2.]
- e. On November 19, 2019, Plaintiff submitted a healthcare request form (“HCRF 239475”) requesting to be seen by mental health for his sleepwalking issues, so that he could be issued a bottom bunk pass. [Exhibit A-1 at 3.]
- f. On November 25, 2019, medical staff responded, advising Plaintiff he would referred to mental health, but that there was no indication in Plaintiff’s medical history that he had been issued a bottom bunk pass in the preceding 12 months, and that if he wanted information on factors that could be contributing to poor sleep or sleepwalking, to let medical staff know. [Exhibit A-1 at 3.]
- g. On January 13, 2020, Plaintiff wrote a letter to Healthcare Administrator, Mr. Hufford, requesting a formulary exception for a bottom bunk pass. [Exhibit A-1 at 4.]
- h. On July 16, 2020, medical staff responded to Plaintiff’s January 13 letter, informing him that there was no evidence he suffered from a sleepwalking disorder, as he had not been diagnosed, and there were no witnesses to any sleepwalking episodes. [Exhibit A-1 at 4.]

- i. On April 29, 2020, Plaintiff filed a healthcare request form (“HCRF 249551”) requesting a formulary exception for a bottom bunk pass. Medical staff’s May 2, 2020 response indicates that Plaintiff was referred to be seen by the doctor.
[Exhibit A-1 at 5.]
- j. On May 2, 2020, Plaintiff was seen by a nurse and expressed his sleepwalking concerns. At that time, the nurse referred Plaintiff to be seen by the physician.
[Exhibit A-1 at 6–8.]
- k. On May 7, 2020, Plaintiff was seen by Dr. Savino. Dr. Savino noted that Plaintiff did not have a sleepwalking diagnosis, there were no obvious evidence of bottom bunk pass qualifying issues, and that no one at CIF had ever witnessed Plaintiff sleepwalking. Plaintiff was denied a bottom bunk pass and was advised to provide official medical records showing a sleepwalking diagnosis. [Exhibit A-1 at 9–12.]
- l. On May 11, 2020, Plaintiff was seen by Dr. Savino for a chronic care visit. At this visit, Plaintiff continued to request a bottom bunk pass. The medical records from this visit indicate that an extensive review of Plaintiff’s medical records was performed and no record of a sleepwalking diagnosis was found. [Exhibit A-1 at 13–17.]
- m. On July 16, 2020, Plaintiff was moved to a lower bunk, where he remains as of this date. [Exhibit A-2.]

- n. The current medically approved reasons for issuing a bottom bunk pass are: major surgery, major joint fusion, seizure disorder, gross obesity with a BMI of 40 or greater, gross neurological dysfunction, fractures or sprains which are limited to healing time, temporary illness, prosthetic limb, and age 60 with a medical need.

I affirm, under the penalties of perjury, that the foregoing representations are true and correct.

9-8-2020
Date

Wendy Knight
Wendy Knight
Warden
Correctional Industrial Facility

**REQUEST FOR HEALTH CARE**

State Form 45913 (R3/9-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF CORRECTION

CIF No 239450

A901

TO BE COMPLETED BY OFFENDER

I request Health Care Services as follows:

☐ Sick Call☐ Dentist☐ Prescription Refill☐ Mental Health☐ Other (specify) Medical Supervisor

Nature of Complaint:

I am making you aware of my sleeping disorder (Sleep Walker) that is documented, and my NEED to remain on a lower bunk. I am to avoid bunk beds to prevent anymore injuries to myself and PREA situations where I might get into bed with another cellmate, which ~~has~~ has enough trouble of its own. I'm providing you notice in advance in order for you to allow for me to provide you with the necessary documentation.

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged \$5.00 for Health Care Services obtained at my request and \$5.00 for initial (new) prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

Signature of Offender:

Printed Name:

DOC Number:

Date Signed: (month, day, year)

Tyrone L. Jones

Tyrone L. Jones

129441

11-14-19

TO BE COMPLETED BY HEALTH CARE STAFF

Response of Health Care Staff:

11-16-19

NSC sleepwalking does not qualify for a B3BP.

IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.

Signature of Health Care Staff:

Date Signed: (month, day, year)

A. J. Jones

11-18-19

TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE

Was a New Prescription Provided?

☐ Yes☐ No

TOTAL AMOUNT OF CO-PAYMENT:

\$ 0

Amount of Co-Payment:

☐ \$5.00 Health Care Contact☐ \$5.00 New Prescription

Signature of Health Care Staff:

Date Signed: (month, day, year)

A. J. Jones

11-18-19

PATIENT IDENTIFICATION

Full Name of Patient:

Tyrone Jones

DOC Number:

129441

Date of Birth: (month, day, year)

CIF No 239450

**REQUEST FOR HEALTH CARE**

State Form 45913 (R3/8-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF CORRECTION

CIF No 239451

A&O1

TO BE COMPLETED BY OFFENDER

I request Health Care Services as follows:

☐ Sick Call ☐ Dentist ☐ Prescription Refill ☐ Mental Health ☒ Other (specify) Becky RN

Nature of Complaint:

As per our conversation and your verification of my offender medical packet and my need for continued lower bunk pass with respect to (Sleepwalking), will you please provide me with a copy the two week pass in order to prevent any misunderstanding with prison officials until I see the doctor? Thank you for your time and attention to this matter

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged \$5.00 for Health Care Services obtained at my request and \$5.00 for initial (new) prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

Signature of Offender:

Printed Name:

DOC Number:

Date Signed: (month, day, year)

Tyrone L. Jones

Tyrone L. Jones

129441

11-15-19

TO BE COMPLETED BY HEALTH CARE STAFF

Response of Health Care Staff:

NSC

See HCRF #239450

IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.

Signature of Health Care Staff:

Date Signed: (month, day, year)

C. J. Jones, MD

11-18-19

TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE

Was a New Prescription Provided?

☐ Yes ☐ No

TOTAL AMOUNT OF CO-PAYMENT:

\$ 0

Amount of Co-Payment:

☐ \$5.00 Health Care Contact
☐ \$5.00 New Prescription

Signature of Health Care Staff:

Date Signed: (month, day, year)

C. J. Jones

11-18-19

PATIENT IDENTIFICATION

Full Name of Patient:

Tyrone Jones

DOC Number:

129441

Date of Birth: (month, day, year)

CIF No 239451

**REQUEST FOR HEALTH CARE**

State Form 45913 (R3/9-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF CORRECTION

CIF No 239475

A&O 1

TO BE COMPLETED BY OFFENDER

I request Health Care Services as follows:

☐ Sick Call ☐ Dentist ☐ Prescription Refill ☒ Mental Health ☐ Other (specify) per RN Becky

Nature of Complaint:

I was instructed to contact you regarding my sleepwalking condition. While at WVCF (recently transferred) I was flagged to a lower bunk, lower range bed assignment for liability purposes that I don't hurt myself again. Also, to avoid anymore potential PREA situations which has enough trouble of its own. This matter is documented with Medical and Mental Health and stored in the DCMS. For the above reason I need to be seen by mental health staff, per RN Becky

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged \$5.00 for Health Care Services obtained at my request and \$5.00 for initial (new) prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

Signature of Offender:

Tyrone L. Jones

Printed Name:

Tyrone L. Jones

DOC Number:

129441

Date Signed: (month, day, year)

11-19-19

TO BE COMPLETED BY HEALTH CARE STAFF

Response of Health Care Staff:

You will be referred to see mental health yet records do not indicate a bottom bunk order has been issued in the past 12 months. CHM 11/19/19

No one has been able to locate any documentation indicating the bottom range/bunk arrangement. If you would like to hear or work on factors that may contribute to poor sleep/sleepwalking, please let me know.

IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.

Signature of Health Care Staff:

Date Signed: (month, day, year)

11/25/19

TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE

Was a New Prescription Provided?

☐ Yes ☐ No

TOTAL AMOUNT OF CO-PAYMENT:

\$

Amount of Co-Payment:

☐ \$5.00 Health Care Contact
☐ \$5.00 New Prescription

Signature of Health Care Staff:

Date Signed: (month, day, year)

PATIENT IDENTIFICATION

Full Name of Patient:

Tyrone Jones

DOC Number:

129441

Date of Birth: (month, day, year)

CIF No 239475

To: Mr. Hufford - Healthcare Administrator

From: Tyrone L. Jones #129441; 27B-3c

Date: January 13, 2020

Subject: Sleep Disorder

* I see no evidence
that you have a sleep walking
disorder. You've not been
diagnosed with
this nor has
anyone witnessed
this.
H-16-2020

I am writing you in reference to my sleepwalking disorder, with respect to my request for a "formulary exception" for medical lower bunk. Mental Health staff informed me that my medical/mental health paperwork from Wabash (WVCF) was provided to you for your final administrative review for a decision.

Realizing that you are compounded with many different issues on a daily basis, that maybe my previously sent request was overlooked for that very reason. So, without sounding demanding I respectfully ask that you review the circumstances involved into the disposition of this matter and send forth your response at your earliest opportunity.

I thank you for your time in this matter, and look forward to hearing from you or your representative about this.



REQUEST FOR HEALTH CARE

State Form 45913 (R3/9-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF CORRECTION

CIF 249551

TO BE COMPLETED BY OFFENDER

request Health Care Services as follows:

☐ Sick Call ☐ Dentist ☐ Prescription Refill ☐ Mental Health ☒ Other (specify) Chronic Care

Nature of Complaint:

Per Nurse Harmon I was advised to submit this medical request with respect to my sleepwalking disorder. I was informed that doing this for a formal entry exception for a lower bunk pass.

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged \$5.00 for Health Care Services obtained at my request and \$5.00 for initial (new) prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

Signature of Offender:

Tyrone L. Jones

Printed Name:

Tyrone L. Jones

DOC Number:

129441

Date Signed: (month, day, year)

4-29-20

TO BE COMPLETED BY HEALTH CARE STAFF

Response of Health Care Staff:

7/10/20 4-29-20
11 → NJSC
5/1/20

Refer to MD.

IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.

Signature of Health Care Staff:

J. Smith

Date Signed: (month, day, year)

5-2-2020

TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE

Was a New Prescription Provided?

☐ Yes ☐ No

TOTAL AMOUNT OF CO-PAYMENT:

\$ 0

Amount of Co-Payment:

☐ \$5.00 Health Care Contact
☐ \$5.00 New Prescription

Signature of Health Care Staff:

J. Smith

Date Signed: (month, day, year)

5-2-2020

PATIENT IDENTIFICATION

Full Name of Patient:

DOC Number:

Date of Birth: (month, day, year)

3-2-20

CIF 249551

DISTRIBUTION: White - Health Care Chart
 Canary - Offender/Business Office

6 of 7

Facility: CIC

PATIENT: TYRONE JONES
 DATE OF BIRTH:
 DOC #: 129441
 DATE: 05/02/2020 9:15 AM
 VISIT TYPE: Nurse Visit

Nurse Visit

Reason for visit: Sleepwalking, requesting BBP Sick Visit.
 HCR#: 249551

Statement of complaint (in patient's words):

"Per Nurse Harmon I was advised to submit this medical request with respect to my sleepwalking disorder. I was informe

Vital Signs**Height**

Time	ft	in	cm	Last Measured	Height Position
9:15 AM	6.0	1.0	185.4	03/03/2016	0

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
9:15 AM	259.0		117.480	dressed with shoes	34.18	

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
9:15 AM	160/102	sitting	left	brachial	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
9:15 AM	98.50	36.9	oral	82	regular	16

Pulse Oximetry/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
9:15 AM	98		RA						

Pain Scale

Time	Pain Score	Method
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Patient Name: JONES, TYRONE
 ID: 129441 Date of Birth:

Page 1 of 1
 Encounter Date: 05/02/2020 09:15 AM

9:15 AM 0

Measured By

Time Measured by
9:15 AM Tamera L. Smith, RN

Nurse Protocols:**MISCELLANEOUS AND OTHER COMPLAINTS****Subjective:**

Associated symptoms: Sleepwalking.
Previous history? Yes.
Result of injury? No.

Objective:

Physical Examination Findings
Pt is a/o x3, in no distress at this time.

Assessment:

Wants bottom bunk pass due to history of sleepwalking.

Review/Comments

Patient smokes 0.00 packs a year

Medications

Medication	Sig	PRN Status	PRN Reason	Comment
atorvastatin 10 mg tablet	take 1 tablet by oral route every day in PM	N		
Ecotrin Low Strength 81 mg tablet,enteric coated	Take one tablet by mouth daily	N		
Humulin N NPH U-100 Insulin (isophane susp) 100 unit/mL subcutaneous	inject 18 units BID	N		
hydralazine 100 mg tablet	take 1 tablet by oral route 2 times every day with food	N		
latanoprost 0.005 % eye drops	1 gtt qhs ou	N		
lisinopril 40 mg tablet	take 1 tablet by oral route every day	N		
metformin 500 mg tablet	take 1 tablet by oral route daily	N		

Orders

Status	Order	Timeframe	Frequency	Duration	Stop Date
ordered	Referred to provider - Further evaluation	Routine			
completed	Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment				
completed	Patient education provided				
completed	Sick call if signs and symptoms of infection develop or symptoms do not subside				

General Comments

Pt states he has had problems with sleepwalking since he was a child. States he had a BBP at previous facility for this reason. Pt is currently on a top bunk, and is concerned he will get injured if he has an episode while being on the top bunk.

Refer to provider for further evaluation. Pt may otherwise return to medical as needed.

Education	Date Provided	Provided By
Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment	05/02/2020	Tamera L. Smith, RN
Patient education provided	05/02/2020	Tamera L. Smith, RN

Document generated by: Tamera L. Smith, RN 05/02/2020 10:42 AM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: TYRONE JONES
 DATE OF BIRTH:
 DOC#: 129441
 DATE: 05/07/2020 03:09 PM
 VISIT TYPE: Provider Visit

Established patient

History of Present Illness:

1. Pt requests BBP for sleep walk

Pt states that he does not have any medical record stating PMH of sleep walk before incarceration. Pt also states that nobody witnessed sleep walk at CIF.

He brought health care request copies (yellow copy) from Wabash facility and demands BBP because he had BBP in Wabash.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Diabetes	03/17/2009	Y		Mapped from KBM Chronic Conditions table on 01/26/2017 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus without mention of complication,, 250.00, added by Alfred Talens, MD, with responsible provider Alfred Talens MD. Onset date 03/17/2009.
Benign essential hypertension	09/08/2009	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Benign essential hypertension, 401.1, added by Alfred Talens, MD, with responsible provider . Onset date 09/08/2009.

Mixed hyperlipidemia 12/01/2009 Y

Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Mixed hyperlipidemia, 272.2, added by Alfred Talens, MD, with responsible provider . Onset date 12/01/2009.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Height Position
3:09 PM	6.0	1.0	185.4	03/03/2016	0

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
3:09 PM	262.0		118.841	dressed with shoes	34.57	

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
3:09 PM	136/86	sitting	right	wrist	automatic	adult large

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
3:09 PM	98.50	36.9	oral	88		18

Pulse Oximetry/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
3:09 PM	98								

Measured By

Time	Measured by
3:09 PM	Linda S. Stewart, MA

Physical Exam

Exam	Findings	Details
Constitutional	*	Overall appearance - Obese.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Neck Exam	Normal	Inspection - Normal.

JONES, TYRONE 129441 05/07/2020 03:09 PM 1/1

Musculoskeletal	Normal	Gait - Normal.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	*	Inappropriate mood and affect. Behavior is inappropriate for age. Inappropriate affect. Poor insight.
Psychiatric	Comments	Pt was very demanding and unnecessarily persistent, aggressive. He tried to force us to issue BBP by saying the same phrase over and over.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. No suicidal ideation.

Suicide Risk Screening

Assessment/Plan

#	Detail Type	Description
1.	Assessment Impression	Aggressive behavior (294.11). Pt spent at least 25 -30 min to explain hx of sleep walk, thus he needs BBP. Pt states that it is emergency situation, however, nobody at CIF witnessed him sleep walk. Pt states that Wabash issued BBP for sleep walk dx. No sleep walk diagnosis listed. No obvious evidence of BBP issues. At the end of the visit, pt attempted to threaten us by asking names. Pt was requested to turn in official medical record that has DX OF SLEEP WALK again..

Medications (Added, Continued or Stopped this visit)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
12/19/2019	atorvastatin 10 mg tablet	take 1 tablet by oral route every day in PM	N			06/15/2020
12/19/2019	Ecotrin Low Strength 81 mg tablet,enteric coated	Take one tablet by mouth daily	N			06/15/2020
12/19/2019	Humulin N NPH U-100 Insulin (isophane susp) 100 unit/mL subcutaneous	inject 18 units BID	N			06/15/2020
12/19/2019	hydralazine 100 mg tablet	take 1 tablet by oral route 2 times every day with food	N			06/15/2020
02/21/2020	latanoprost 0.005 % eye drops	1 gtt qhs ou	N			08/21/2020

JONES, TYRONE 12944' 05/07/2020 03:09 PM 1/1

12/19/2019	lisinopril 40 mg tablet	take 1 tablet by oral route every day	N	06/15/2020
02/07/2020	metformin 500 mg tablet	take 1 tablet by oral route daily	N	06/05/2020

Provider:

Savino, Yoko 05/07/2020 4:20 PM

Document generated by: Yoko Savino, MD 05/07/2020 04:19 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: TYRONE JONES
 DATE OF BIRTH:
 DATE: 05/11/2020 08:13 AM
 VISIT TYPE: Chronic Care Visit

History of Present Illness:**1. diabetes**

Risk factors include age > 50 years, family history of diabetes mellitus, family history of hypertension, high salt intake, obesity, race (African American), sedentary lifestyle and male gender. Risk factors excluded are smoking. Comorbid conditions include neuropathy. Pertinent negatives include blurred vision, chest pain, confusion, diaphoresis, diarrhea, edema, foot ulcer, frequent infections, headache, hematuria, hypoglycemic episodes, impotence / erectile dysfunction, increased fatigue, nausea, palpitations, nocturia, polydipsia, polyuria, shortness of breath, slow healing, transient weakness, tremor, weight gain, weight loss and vomiting.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Diabetes	03/17/2009	Y		Mapped from KBM Chronic Conditions table on 01/26/2017 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus without mention of complication,, 250.00, added by Alfred Talens, MD, with responsible provider Alfred Talens MD. Onset date 03/17/2009.
Benign essential hypertension	09/08/2009	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Benign essential hypertension, 401.1, added by Alfred Talens, MD, with responsible provider . Onset date 09/08/2009.

Mixed hyperlipidemia 12/01/2009 Y

Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Mixed hyperlipidemia, 272.2, added by Alfred Talens, MD, with responsible provider . Onset date 12/01/2009.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Change in appetite, chills/rigors, decreased activity, fatigue, fever, fussiness, generalized weakness, increased appetite, increased fatigue, irritability, lethargy, malaise, night sweats, pallor, weight gain and weight loss.
Eyes	Negative	Blurred vision.
Respiratory	Negative	Dyspnea.
Cardio	Negative	Chest pain, edema and irregular heartbeat/palpitations.
GI	Negative	Decreased appetite, diarrhea, nausea and vomiting.
GU	Negative	Hematuria, impotence, nocturia and polyuria.
Endocrine	Negative	Diaphoresis, hypoglycemic episodes, polydipsia, tremors, weight gain and weight loss.
Neuro	Negative	Confusion, headache and transient weakness.
Psych	Negative	Insomnia.
Integumentary	Negative	Foot ulcers and slow healing wounds/sores.
Allergic/Immuno	Negative	Frequent infections.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Height Position
8:13 AM	6.0	1.0	185.4	03/03/2016	0

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
8:13 AM	265.0		120.202	dressed with shoes	34.97	

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
8:13 AM	136/83	sitting	right	wrist	automatic	adult large

Temperature/Pulse/Respiration

JONES, TYRONE 129441 05/11/2020 08:13 AM 1/1

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
8:13 AM	96.90	36.1	oral	64		18

Pulse Oximetry/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
8:13 AM	98								

Measured By

Time	Measured by
8:13 AM	Linda S. Stewart, MA

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Neck Exam	Comments	No JVD noted.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Inspection - Normal. Effort - Normal.
Vascular	Normal	Pulses - Dorsalis pedis: Normal. Capillary refill - Less than 2 seconds.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	Monofilament Exam - Normal. No edema.
Diabetic Foot Screen	Normal	Dorsalis pedis: Normal. Monofilament Exam - Normal.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	*	Inappropriate mood and affect.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation.

Assessment/Plan

#	Detail Type	Description
1.	Assessment Impression	Hypertension, Benign (401.1). Pt started threatening about BBP eligibility although pt was brought to CC visit. He states that he is writing grievance about it and asked spelling of my name. Officer was called in the room for safety. Wexford Bottome Bunk Formulary sheet was provided again, which pt took with him. Pt was recommended to study the listed eligibility, so he will inform us about his PMH/PSH in order for us to request his medical record if possible. Pt did not stop talking about the process of grievance and he had BBP at his previous facility. CO also informed the patient that every facility has its own rules and regulations..
2.	Assessment	Diabetes mellitus (250).

Impression Most recent HbA1c stable.
Pt kept talking about BBP eligibility and he also states that previous facility gave him exception to Wexford Bottom bunk formulary list and got BBP. Linda Stewart did extensive research on his EMR and paper charts from medical record department, however, there was no record of BBP or sleep walk Dx. It was not very productive to have him CCC visit when he keeps talking about BBP eligibility and threatening about consequence of not getting BBP. Pt was asked to leave from the office..

Medications (Added, Continued or Stopped today)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
12/19/2019	atorvastatin 10 mg tablet	take 1 tablet by oral route every day in PM	N			06/15/2020
12/19/2019	Ecotrin Low Strength 81 mg tablet,enteric coated	Take one tablet by mouth daily	N			06/15/2020
12/19/2019	Humulin N NPH U-100 Insulin (isophane susp) 100 unit/mL subcutaneous	inject 18 units BID	N			06/15/2020
12/19/2019	hydralazine 100 mg tablet	take 1 tablet by oral route 2 times every day with food	N			06/15/2020
02/21/2020	latanoprost 0.005 % eye drops	1 gtt qhs ou	N			08/21/2020
12/19/2019	lisinopril 40 mg tablet	take 1 tablet by oral route every day	N			06/15/2020
02/07/2020	metformin 500 mg tablet	take 1 tablet by oral route daily	N			06/05/2020

Provider:

Savino, Yoko 05/11/2020 12:34 PM

Document generated by: Yoko Savino, MD 05/11/2020 12:34 PM

Indiana Government Center South
302 W. Washington Street

JONES, TYRONE 129441

05/11/2020 08:13 AM 1/1

Indianapolis, IN 46204

OIFLOC2 * INQUIRY * OFFENDER INFORMATION SYSTEM 09/04/20 8:38:30
 PAGE 01 LOCATION HISTORY - BEDS USER: CIU778 STEP MODE

DOC NUMBER: 129441 NAME: JONES, TYRONE LOC: CIC

MOVE		MOVE		HOUSING		REASON FOR MOVE		AUTHORIZED BY	
DATE		TIME	LOC					LAST	F M
07 16 2020		1945	CIC	E 1	9B	CLASS MOVE		GREATHOUSE	H
04 28 2020		2017	CIC	E 1	6A	BED NEEDS		CREAMER	R
03 26 2020		2014	CIC	E 1	6B	UT MOVE		PARDUE	J
01 31 2020		2010	CIC	E 1	19B	UNIT MOVE		WILLIAMS	M
01 24 2020		1223	CIC	E 1	2A	CLASS		WILLIAMS	M
11 22 2019		2012	CIC	C 3	27B	CLASS MOVE		WILLIAMS	M

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

TYRONE L. JONES,)	
)	
Plaintiff,)	
)	
v.)	Cause: 1:20-cv-01465-JPH-TAB
)	
WENDY KNIGHT,)	
)	
Defendant.)	

RESPONSE IN OPPOSITION TO PLAINTIFF'S
MOTION TO STAY PROCEEDINGS ON TEMPORARY INJUNCTION
AND PETITION TO AMEND

Defendant, Warden Wendy Knight, by counsel, urges the Court to deny Plaintiff's "Motion to Stay Proceedings on Temporary Injunction Petition to Amend." [Dkt. 31.] Plaintiff Tyrone Jones has requested a temporary restraining order regarding a bottom bunk pass. In his Complaint, Plaintiff asserts that he has been forced to sleep on a top bunk, despite his sleepwalking condition and the dangers it poses. [Dkt. 1 at 1.] Plaintiff seeks a court order requiring the Defendant to issue him a bottom bunk pass. [*Id.* at 17.] However, Plaintiff now wishes to stay any ruling on the temporary restraining order so that he may amend his complaint and investigate his current placement on a bottom bunk. [*See generally* Dkt. 31.]

- 1. Plaintiff's Motion to Stay should be denied, because regardless of what new claims or new defendants Plaintiff intends to add in his amended complaint, the facts and legal analysis surrounding the issuance of a temporary restraining order will remain unchanged.**

Amending his Complaint to add new claims and new defendants will have no effect on Plaintiff's request for an emergency temporary restraining order or its resolution. Warden Knight has both the authority and the responsibility to ensure that Plaintiff receives the medical care to which he is entitled under the Eighth Amendment. *See Gonzalez v. Feinerman*, 663 F.3d 311,

315 (7th Cir. 2011). This Court noted as much in its screening order when it dismissed all of the other named defendants because “the full scope of relief is available through the Warden in her official capacity.” [Dkt. 17 at 4.] Thus, adding new defendants will not alter the legal analysis on the issue of the temporary restraining order. Nor will adding new claims. The key consideration in resolving the issue of a temporary restraining order in this case is whether Plaintiff’s conditions of confinement violate his Eighth Amendment rights. Plaintiff sufficiently raised that claim in his Complaint.

Plaintiff’s request for a stay also contradicts his emergency request for a temporary restraining order. The very point of an emergency temporary restraining order is to provide relief to a Plaintiff who would otherwise be irreparably harmed before final resolution of his claims. *Courthouse New Service v. Brown*, 908 F.3d 1063, 1068 (7th Cir. 2018). It makes little sense for Plaintiff to on one hand argue that he is in such immediate risk of harm that he requires an emergency temporary restraining order, and on the other hand ask the Court to stay any ruling on the issue while he tries to strengthen his claims.

Finally, Plaintiff’s allegation that Defendant did not serve him with her Response to his Emergency Motion for a Temporary Restraining Order is false. [Dkt. 31 at 2.] Defendant did not fail to serve Plaintiff with her Response. The certificate of service attached to Defendant’s Response certifies that a copy was mailed to the Plaintiff on September 8, 2020. [Dkt. 27 at 9.] It is unclear why Plaintiff did not receive his service copy of Defendant’s Response until September 17, 2020, but it was not due to Defendant’s failure to serve him. Defendant does not oppose a brief extension of time for Plaintiff to reply, but opposes an indefinite stay while Plaintiff amends his Complaint to add new claims and new defendants, because, as explained

above, it is unnecessary as to the resolution of Plaintiff's Emergency Motion for a Temporary Restraining Order.

2. Conclusion

Defendant respectfully requests that this Court deny Plaintiff's Motion to Stay, deny Plaintiff's Emergency Motion for a Temporary Restraining Order, and grant all other just and proper relief.

Respectfully submitted,

Office of the Indiana Attorney General

By: Sarah J. Shores
Deputy Attorney General
Atty. No. 35746-49

CERTIFICATE OF SERVICE

I hereby certify that on October 6, 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system. I further certify that on October 6, 2020, I mailed, by United States Postal Service, first-class postage prepaid, the document to the following non CM/ECF participants:

Tyrone Jones
DOC #129441
Correctional Industrial Facility
Inmate Mail/Parcels
5124 W. Reformatory Rd.
Pendleton, IN 46064

Sarah J. Shores
Deputy Attorney General

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South – 5th Floor
302 W. Washington Street
Indianapolis, IN 46204-2770
Telephone: (317) 234-6875
Fax: (317) 232-7979
Email: Sarah.Shores@atg.in.gov